

Application is for <i>Food Act 2006</i>	<input type="checkbox"/> New Application	Fee \$ _____	Contact Council if you have any enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.
	<input type="checkbox"/> Annual Fee	Fee \$ _____	
	<input type="checkbox"/> Amendment	Fee \$ _____	

If applicant is a company, insert company name and ACN / ARBN	Applicant/s details		
	Company name _____ ACN / ARBN _____		
	Title	<input type="checkbox"/> Mr <input type="checkbox"/> <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Family name _____		
	Given names _____		
	Position _____		
	I declare the information provided in this application to be true and correct.		
	Signature _____	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	If second person/business partner	Title	<input type="checkbox"/> Mr <input type="checkbox"/> <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Family name _____	
Given names _____			
Position _____			
I declare the information provided in this application to be true and correct.			
Current Food Business Licence Number	Signature _____	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Licence no. _____ Expiry date _____		

Select as applicable.	Contact details	
	<input type="checkbox"/> Business <input type="checkbox"/> Private	
	Contact person _____	
	Postal address _____	

	Locality / Suburb _____	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____	

Mandatory Information	Nomination of food safety supervisor
	Note: The Food Act 2006 requires that every food premises nominates a person that is responsible for the day to day food hygiene of the food business. This person must have accredited training and be readily contactable. You are required to provide Council details of your food safety supervisor(s) on this form or within thirty (30) days of receiving your licence.
	Food safety supervisor details
	Name _____
	Address _____
Business hours contact no _____	

Business name must be registered with the Office of Fair Trading. If a vehicle or stall advise exact location Enter postal address if different from street address. Real property description – refer to Rates Notice.	Business details		
	Business name		BN <input type="text"/>
	Street address		
	Locality / Suburb		State <input type="text"/> Postcode <input type="text"/>
	Postal Address		
	Locality / Suburb		State <input type="text"/> Postcode <input type="text"/>
	Contact person		
	Contact ph. <input type="text"/>	<input type="text"/>	Mobile <input type="text"/>
	Contact fax <input type="text"/>	<input type="text"/>	Email <input type="text"/>
	Lot no.		
Reg. plan no.		Parish	
Description of food business: (eg. café, restaurant, cannery, etc)			
Does your business involve any off-site catering? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If there are additional vehicles, please attach additional vehicle information to this form.	Vehicle details – if applicable		
	Do you deliver food in a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you handle or prepare food in the vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, how many vehicles do you use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Vehicle details	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11+
	Type	Reg no.	
Type	Reg no.		

Insert details of qualifications training courses undertaken and skills and knowledge of applicants to sell safe and suitable food	Suitability of person to hold a licence	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Have any of the applicants been convicted for a breach of any food legislation? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.		
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, attach details		
Have any of the applicants previously held a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law that was suspended or cancelled? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.		
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, attach details		
Have any of the applicants been refused a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.		
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, attach details		

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Form Number: Form EH_F_001

Authorised By: Manager Environmental Health Services

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If constructing a new premises	Current approval details <i>Please insert your approval number for each approval type issued by Local Government.</i>															
	Approval Type															
	<table border="1"> <thead> <tr> <th>Building approval</th> <th>Approval No.</th> <th>Office Use Only</th> </tr> </thead> <tbody> <tr> <td>Plumbing & drainage approval</td> <td></td> <td></td> </tr> <tr> <td>Development approval</td> <td></td> <td></td> </tr> <tr> <td>Trade waste approval</td> <td></td> <td></td> </tr> <tr> <td>Other – please specify</td> <td></td> <td></td> </tr> </tbody> </table>	Building approval	Approval No.	Office Use Only	Plumbing & drainage approval			Development approval			Trade waste approval			Other – please specify		
	Building approval	Approval No.	Office Use Only													
	Plumbing & drainage approval															
	Development approval															
	Trade waste approval															
Other – please specify																
Complete only if applying for an amendment	<p>Improvements proposed or completed since last inspection. For structural changes, new walls, new counters etc you may need Building Approval.</p> <hr/> <hr/> <hr/>															
Please attach.	<p>Attachments: to accompany an application for a new premises licence.</p> <p>NOTE: You must receive plan approval for any renovations or new premises construction and this involves a separate application and a separate fee.</p> <ol style="list-style-type: none"> Two (2) copies of a Site Plan, drawn to scale not less than 1:100, showing the food premises location, waste storage, car parking, staff and public toilet facilities and adjacent land uses. Two (2) copies of a Floor Plan, drawn to scale not less than 1:50, showing details of the layout of all equipment, fixtures and fittings in a bird's eye view (looking down on the premises). Sink details should be provided, including the type of sink (single bowl, double bowl, triple bowl, hand wash basin, or cleaner's sink), and the dimensions (or the size and depth of the sink). The floor plan should also indicate the type of materials and finished used on equipment, fixtures, fittings, floors, walls and ceilings (such as stainless steel or laminated work benches, walls and ceilings finished in a high gloss paint and ceramic tiled floor with epoxy grouting). Two (2) copies of Sectional Elevation, drawn to scale not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of structures, benches, including fixtures, fittings and equipment within cool rooms / freezer rooms (if applicable). Two (2) copies of Hydraulic plan (plumbing and drainage plan), drawn to scale of not less than 1:50, showing the location of water and sewerage pipes and connection types, tundishes and grease traps. Two (2) copies of a Mechanical Exhaust Ventilation Plan, drawn to scale of not less than 1:50, if mechanical exhaust systems are to be installed. Two (2) copies of a Transport Vehicle Plan, drawn to scale of not less than 1:50, showing details of the layout of all the equipment, fixtures and fittings and the types of materials used. Full explanation of selected box/es in the Suitability of person to hold a licence section. In particular, the level of food hygiene training undertaken or proposed by the applicant and staff. Please return forms to Environmental Health Services, Hinchinbrook Shire Council, 25 Lannercost Street or PO Box 366, Ingham QLD 4850. This application and fee MUST be lodged with Council. 															

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Office use only	
Fee	Date / /
Scheduled category	File no.
Receipt no.	Access no.
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